## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/519764

|           | CLAIMS AS FILED - PART I  (Column 1) (Column 2)                        |                                                 |               |                                                                         |                     |                                    |       | SMALL ENTITY TYPE   |                        | OF   | OTHER THAN OR SMALL ENTITY |                        |
|-----------|------------------------------------------------------------------------|-------------------------------------------------|---------------|-------------------------------------------------------------------------|---------------------|------------------------------------|-------|---------------------|------------------------|------|----------------------------|------------------------|
| U         | .S. NATIONA                                                            | L STAGE FEES                                    |               | ,                                                                       |                     | (                                  | 7     | RATE                | FEE                    | 7    | RATE:                      | FEE                    |
| BASIC FEE |                                                                        |                                                 | SMAL          | SMALL ENT. = \$ 150                                                     |                     | RGE ENT. = \$ 300                  |       | BASIC FEE           |                        | OR   | BASIC FEE                  | 30×                    |
| E)        | CAMINATION                                                             | FEE                                             |               | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                    |                     | other situations = \$ 100 / \$ 200 |       | EXAM. FEE           |                        |      | EXAM. FEE                  | 201                    |
| SE        | SEARCH FEE                                                             |                                                 |               | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                     | other situations = \$ 250 / \$ 500 |       | SEARCH FEE          |                        |      | SEARCH FEE                 | 40                     |
| FE        | FEE FOR EXTRA SPEC. PGS.                                               |                                                 |               | minus 100 =                                                             |                     | / 50 =                             |       | X \$ 125 =          |                        |      | X \$ 250 =                 |                        |
| то        | TOTAL CHARGEABLE CLAIMS                                                |                                                 |               | minus 20 =                                                              | *                   |                                    |       | X \$ 25 =           |                        | OR   | X \$ 50 =                  |                        |
| INE       | DEPENDENT C                                                            | CLAIMS                                          | 3             | minus 3 =                                                               | *                   |                                    |       | X \$ 100 =          |                        | OR   | X \$ 200 =                 |                        |
| MU        | ILTIPLE DEPE                                                           | NDENT CLAIM PI                                  | RESENT        | ···                                                                     |                     |                                    |       | + \$ 180 =          |                        | OR   | + \$ 360 =                 |                        |
| * 1       | If the difference in column 1 is less than zero, enter "0" in column 2 |                                                 |               |                                                                         |                     |                                    |       | TOTAL               |                        | OR   | TOTAL                      | 200                    |
|           |                                                                        | CLAIMS AS (Column 1) CLAIMS REMAINING           | AWIEND        | (Colum<br>HIGHE<br>NUMB                                                 | nn 2)<br>EST<br>IER | (Column 3) PRESENT                 |       | SMALL E             | ADDI-<br>TIONAL        | OR   | OTHER SMALL E              |                        |
| NTA       |                                                                        | AFTER AMENDMENT                                 |               | PREVIO                                                                  |                     | EXTRA                              | ı     | RATE                | FEE                    |      | RATE                       | FEE                    |
| AMENDMENT | Total                                                                  | *                                               | Minus         | **                                                                      |                     | =                                  |       | X \$ 25 =           | , <u> </u>             | OR   | X \$ 50 =                  | -                      |
| AME       | Independent                                                            | *                                               | Minus         | ***                                                                     |                     | =                                  |       | X \$ 100 =          |                        | OR   | X \$ 200 =                 |                        |
|           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |                                                 |               |                                                                         |                     |                                    |       | + \$ 180 =          |                        | OR   | + \$ 360 =                 |                        |
| •         |                                                                        |                                                 |               |                                                                         |                     |                                    |       | TOTAL ADDIT.<br>FEE |                        | OR   | TOTAL ADDIT.<br>FEE        |                        |
|           |                                                                        | (Column 1)                                      |               | (Columi                                                                 | n 2)                | (Column 3)                         |       |                     | »·                     |      | •                          |                        |
| n         |                                                                        | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |               | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO                                   | ST<br>SR<br>ISLY    | PRESENT<br>EXTRA                   |       | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| OMENI     | Total                                                                  | 1                                               | Minus         | **                                                                      |                     | =                                  |       | X \$ 25 =           |                        | OR   | X \$ 50 =                  |                        |
| CIVICIAD  | Independent                                                            | *                                               | Minus         | ***                                                                     |                     | =                                  |       | X \$ 100 =          |                        | OR   | X \$ 200 =                 |                        |
|           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA                           |                                                 |               |                                                                         | AIM                 |                                    |       | + \$ 180 =          |                        | OR   | + \$ 360 =                 |                        |
|           |                                                                        |                                                 |               |                                                                         |                     |                                    |       |                     |                        | OR - | FEE                        |                        |
| * 8       | (the "Highest Nu                                                       | mn 1 is less than the<br>mber Previously Pak    | s For IN THIS | S SPACE is less th                                                      | 1an '20'            | ', enter "20".                     |       |                     |                        |      |                            |                        |
|           |                                                                        | mber Previously Paid<br>iber Previously Paid    |               |                                                                         |                     | est number found in                | the a | appropriate box in  | column 1.              |      |                            |                        |